



Soccer Fall League 2017

IMPORTANT DATES AND FEE INFO

League Dates.....	9/9- 10/28
Game Times.....	4:30 - 6:30PM*
Registration Deadline (Early Bird).....	\$675..... 8/18
Registration Deadline (Final)	\$725..... 8/25
Teamsideline Enrollement (Team Captain Only).....	8/27
Schedules Available Online	8/29

IMPORTANT INFORMATION

THE LEAGUE: This coed soccer league provides adults 18 years of age and older, with an opportunity to compete in recreational environment. Games are played on Saturdays at 4:30PM or 7PM (Spring and Fall) at the Dwight Merkel Sports Complex. The league runs for 8 weeks. Teams may play up to 8 games per season, but no less than 7 games (in case of a division with an odd number of teams).

REGISTRATION CHECKLIST:

- Complete the forms in this registration packet, fill them out and submit classification form with the registration fee by deadline. Fee may be paid online, by mail, over the phone, or walk in to City Hall.
- Enroll team at teamsideline.com/spokane.
- Submit complete USSSA Soccer Registration Template (www.ussasoccer.com/forms) for team affiliation.
- Submit team roster/waiver of liability signed by all players, no later than prior to first game. **NO WAIVER- NO PLAY!**
- Team captain must sign and submit Player Code of Conduct - and is expected to inform players about league conduct expectations.

TEAM ROSTERS

Rosters must be updated as needed throughout the season **and must reflect the lineup on the field**. Team rosters must have at least 5 women. No more than six (6) men will be allowed on the field at one time. If five (5) women are not present, the team will play short. A team can play with more than five (5) women on the field if they are short men players. If there is a woman in goal, a team may have six (6) men on the field.

Looking for Free Agent Players? Place an ad on our Facebook Page or ask us for a free agent list: aeva@spokanecity.org

ADDITIONAL INFO:

- Available divisions are: Competitive (A Division), Recreational (B Division), Masters (Women's + 30's and Men's + 40's)
- Registration fees are **not refundable** once the league schedule is posted online.
- If referee is not present to officiate the game, the league supervisor must be informed immediately. Game must be played as scheduled, and a **CREDIT will be issued** to team representative's account at the end of the season.
- Affiliation with USSSA Soccer is mandatory. Every team must provide full and complete information on every player in the team roster due on 8/31.

Please go to WWW.SPOKANEPARKS.ORG for additional information, or email aeva@spokanecity.org



c/o Adriano Eva – Athletic Programs
808 W Spokane Falls Blvd. 5th Floor
Spokane, WA 99201-3317
509-625-6625

SPRD SOCCER LEAGUE - CLASSIFICATION SHEET

TEAM NAME _____ TEAM JERSEY COLOR _____

TEAM CAPTAIN _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____

TEAM SPONSOR? No ☐ Yes ☐ – IF Yes, complete info below (if more than one, please provide)

Sponsor Name and Contact Person _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____

WHAT SOCCER DIVISION ARE YOU REGISTERING FOR?

☐ Competitive (37770)

☐ Recreational (37771)

☐ Masters (37772)

Office Use Only	Received date:	Received by:
Sponsor Payment	\$ _____	Circle: Cash Credit Check # _____
Team Payment	\$ _____	Circle: Cash Credit Check # _____
TOTAL	\$ _____	



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INDEMNITY AGREEMENT

I have requested that I be allowed to participate in an activity/class/event through the City of Spokane Parks & Recreation Department. I acknowledge that the activity/class/event in which I am participating may be physically and mentally challenging and/or dangerous. As such, I expressly acknowledge and understand that my participation is voluntary and may involve the risk of injury, property damage, or even death. I agree that before I participate in the above activity/class/event, I understand the nature of this program, the facilities, equipment, and areas to be used, and, if I believe any of them are unsafe, I will immediately advise the person(s) in charge. **HOLD HARMLESS AGREEMENT:** in consideration for being permitted to participate in the activity/class/event hosted by the City of Spokane, to the maximum extent permitted by law, I voluntarily assume all risks of bodily injury or property damage associated with participation. I agree to defend, indemnify, and save harmless the City of Spokane, its appointed and elected officers, employees, agents, and representatives from and against all loss or expense including but not limited to judgments, settlements, attorney fees, and costs for bodily injury, death, or property damage arising out of any act or omission under or in connection with my participation except only such injury as shall have been occasioned by the sole negligence of the City of Spokane, its appointed and elected officers, employees, agents, or representatives. To the extent any of the damages referenced herein were caused by or resulted from the concurrent negligence of the City of Spokane, its elected and appointed officers, employees, agents, or representatives and others, this obligation to indemnify, defend, and hold harmless is valid and enforceable to the extent of the negligence of the participant. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment of injuries that I may sustain while participating in the above-referenced activity/class/event. I understand that it is my obligation to have a health insurance policy in effect while participating in the above-referenced activity/class/event and to otherwise be responsible for any and all medical expenses which may be incurred while participating. I grant full permission to use any photographs, videotapes, video clips, or recordings for publicity purposes by the City of Spokane. I understand and agree that this Waiver and Release of Liability is governed by laws of the State of Washington and is intended to be as broad and inclusive as permitted by law and that if any part of it is held to be invalid, the balance of this document shall continue in full force and effect. I certify that I have carefully read all of the foregoing provisions, that I know and understand the contents hereof, that I have had the opportunity to seek legal counsel prior to signing it, and voluntarily sign this Waiver and Release of Liability as my own free act. *** For public purposes, I give permission to use any photo or video of this activity.

TEAM NAME:

DIVISION:

PRINT PLAYER NAME	SIGNATURE	T-SHIRT SIZE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		

PLEASE USE THE BACK OF THIS PAGE FOR ADDITIONAL PLAYERS